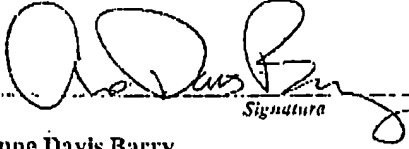





<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b>			Docket No. POU9200000158US1	
Applicant(s): Christopher A. Krygowski, et al				
Serial No. 09/764,595	Filing Date January 18, 2001	Examiner Chat C. Do	Group Art Unit 2124	
Invention: FLOATING POINT UNIT FOR MULTIPLE DATA ARCHITECTURES				
<b>RECEIVED CENTRAL FAX CENTER OCT 30 2003 OFFICIAL</b>				
I hereby certify that this _____ <u>Amendment</u> _____ (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-746-7239</u> ) on <u>October 30, 2003</u> (Date)				
_____ Jane M. Theberge (Typed or Printed Name of Person Signing Certificate)				
_____ <i>Jane M Theberge</i> (Signature)				
Note: Each paper must have its own certificate of mailing.				

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>POU20000158US1</b>							
Applicant(s): <b>Christopher A. Krygowski, et al</b>											
Serial No. <b>09/764,595</b>	Filing Date <b>January 18, 2001</b>	Examiner <b>Chat C. Do</b>	Group Art Unit <b>2124</b>								
Invention: <b>FLOATING POINT UNIT FOR MULTIPLE DATA ARCHITECTURES</b>											
<u>TO THE COMMISSIONER FOR PATENTS:</u>											
Transmitted herewith is an amendment in the above-identified application.											
The fee has been calculated and is transmitted as shown below.											
<b>CLAIMS AS AMENDED</b>											
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE						
TOTAL CLAIMS	17 -	20 =	0 x	\$18.00	\$0.00						
INDEP. CLAIMS	3 -	3 =	0 x	\$86.00	\$0.00						
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00						
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>						
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>09-0463</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.											
 _____ Signature			Dated: <b>October 30, 2003</b>								
Anne Davis Barry Registration No. 47,408 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 (860) 286-2929 (860) 286-0115 FAX Customer Service No. 23413			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">I certify that this document and fee is being deposited on 10/30/03 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</td> </tr> <tr> <td colspan="2" style="text-align: center;">           _____          Signature of Person Mailing Correspondence       </td> </tr> <tr> <td colspan="2" style="text-align: center;"> <b>June M. Theberge</b>          _____          Typed or Printed Name of Person Mailing Correspondence       </td> </tr> </table>			I certify that this document and fee is being deposited on 10/30/03 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.		 _____ Signature of Person Mailing Correspondence		<b>June M. Theberge</b> _____ Typed or Printed Name of Person Mailing Correspondence	
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 _____ Signature of Person Mailing Correspondence											
<b>June M. Theberge</b> _____ Typed or Printed Name of Person Mailing Correspondence											
CC:											